THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS

MAR 1 4 2022

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

Johnathan Lacy	
(Enter above the full name of the plaintiff or plaintiffs in this action)	1:22-cv-01335 Judge Sara L. Ellis Magistrate Judge Heather K. McShain RANDOM PC 1
LT, J Crust	Case No:  (To be supplied by the <u>Clerk of this Court</u> )
Thomas J DART	RECEIVED
A. Stubenuoll	MAR 14 2022
J. Olivas	THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT
(Enter above the full name of ALL defendants in this action. Do not use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER TU.S. Code (state, county, or	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
COMPLAINT UNDER T 28 SECTION 1331 U.S. (	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if k	nown)
BEFORE FILLING OUT THIS COMP FILING." FOLLOW THESE INSTRU	LAINT, PLEASE REFER TO "INSTRUCTIONS FOR CTIONS CAREFULLY.

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOS ... Continue pg. VS. F: HughES G. FLORES T. JACKSON T. PRINE M. Hill-03 ENTER ABOUE THE FUIL NAME OF ALL DEFENDANTS IN THIS ACTION.

L.	Plainti	ff(s):		
	Α.	Name: Johnathan LACY		
	B.	List all aliases: NONE		
	C.	Prisoner identification number: 20200420040		
	D.	Place of present confinement: Cook County Unil		
	E.	Address: 2700 S. CAlifornia, Chicago IL. 60608.		
	numbe	e is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D.  r, place of confinement, and current address according to the above format on a se sheet of paper.)		
П.	(In A b position for two	efendant(s):  n A below, place the full name of the first defendant in the first blank, his or her official estition in the second blank, and his or her place of employment in the third blank. Space or two additional defendants is provided in B and C.)		
* *	Α.	Defendant: U. GUST		
		Place of Employment: COOK COUNTY UAIL		
	В.	Defendant: Thomas Dart		
		Title: ChiFt ShEPIFF AdMINASTRATION of COOK COUNTY		
		Place of Employment: COOK COUNTY DAIL		
	C.	Defendant: A. Stubenvoll		
		Title: THEN SGT. NOW LT		
		Place of Employment: COOK COUNTY JAIL		
		u have more than three defendants, then all additional defendants must be listed ling to the above format on a separate sheet of paper.)		

MAN

Continue pg. 2 of 3 DEFENDANT'S D. DEFENDANT: A LUPPINO THE: SGT THEN - NOW LT PLACE OF EMPLOYMENT: COOK COUNTY E. DEFENDANT: T. JACKSON Title: CORRECTIONAL OFFICER PLACE OF EMPloyMENT: 1. COOK County F. DEFENDANT: h. Woods Title: CORRECTIONAL OFFICER PLACE OF EMPLOYMENT: COOK COUNTY UAIL G. DERENDAM+: J. OliVAS TITLE: CORRECTIONAL OFFICER PLACE OF EMPLOYMENT: COOK COUNTY JAIL H. DEFENDANT: M. Hill 03 TitlE: CORRECTIONAL OFFICER PLACE OF EMPLOYMENT: COOK COUNTY UNIL

Continue 3 of 3 DEFENDANT'S I. DEFENDANT: C. HILL Title: CORREctIONAL OFFICER PLACE OF EMPLOYMENT: LOOK COUNTY JAIL J. DEFENDANT: G. FLORES TITLE: CORRECTIONAL OFFICER PLACE OF EMPLOYMENT: COOK COUNTY JAIL H. DEFENDANT: T. PRINE TITLE: COBRECTIONAL OFFICER PLACE OF EMPloyMENT: COOK County Unil L. DEFENDANT: F. HUGHES

	A.	Name of case and docket number: NA DON'T KNOW I
	Λ.	Traine of case and docket named.
	B.	Approximate date of filing lawsuit: N/A, Don't KNOW
	C.	List all plaintiffs (if you had co-plaintiffs), including any aliases: NA
	D.	List all defendants: NA, Don't Know
	<b>E.</b>	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):
	F.	Name of judge to whom case was assigned: NA DON'T KNOW
٠	G.	Basic claim made: NA, DON'T KNOW
	Н.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
9	I.	Approximate date of disposition: N/A, Don't hnow
ADI FOR YOU ANI	OITION RMAT. J WILL D FAIL	VE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE IAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, URE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

About date And

with It! SGT StubenHoll told ME heelchair DIECE IN door ANd ADAIN Again SIAMME DEATING, While

By Sgt. Gust. At SOME point of ME getting Punched repeatedly IN MY FACE And head AREA, I Felt FANT
GETTING PUNCHED REDEATEDLY IN MU
FACE AND WEAD AREA T FEIT FANT
AND DIZZY SO I JUST StoppEd
MOVING. I WAS THEN AGAIN PLACED
THOUTAGE IN CONTRACTOR LAS
TH HANDCUFFS, MY WHEETCHAIR WAS REMOVED FROM MY CELL AND ALL STAFF
MEMOUED FROM MY CELL AND ALL STAFF
lested. The CAMERA FROM CEIL-6 will
Show that I was PunchEd
REPEATEDLY AND BEAT by STAFF.
SGT'S J. Gust C'o's F Hughes
A. STUDENVOIL J. DIWAS
A. Luppino G. Flores
T. JACKSON
IM Suing FOR EXCESSIVE K. WOODS
FORCE BY SWORN STAFF, T. PRINE
Police brutality, pain and M. Hill-03.
SUFFERING, FAILURE to C. Hill
protect, and cruel And
UNUSUAL PUNISHMENT.

<b>7.</b>	Relief:	
2	State briefly exactly to no cases or statutes.	what you want the court to do for you. Make no legal arguments. Cite
I	want (	ompensation for my physical
<b>√</b> I.	The plaintiff demand	s that the case be tried by a jury. YES NO
		CERTIFICATION
		By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
		Signed this $\sqrt{1200000000000000000000000000000000000$
		(Signature of plaintiff or plaintiffs)
		Johnathan LACY (Print name)
		20200420040 (I.D. Number)
		2700 S CALIFORNIA Chicago IL, 60608 (Address)